Plan:

Irish Life ARF

Private and Confidential

Mr Jack Ryan

123 Any Street

Any Town

Co Dublin

21/04/2015

Plan Number:

12345678

Life Covered:

Mr Jack Ryan

Dear Mr Ryan

Thank you for your recent application.

Please find enclosed a summary of all questions and answers submitted in relation to this application.

If any of the information in the enclosed application form is not true and complete you must contact us in writing as soon as possible, correcting any inaccurate information. We will acknowledge receipt of these details within 10 working days. If you do not hear from us within 10 working days, please contact us on 01-7041010. However, if the information in the application form is true and complete then you do not need to contact us or take any other action.

Thank you for choosing Irish Life.

Yours sincerely,

Sé Weston

Executive Manager - Customer Service

Check Eligibility

Check Eligibility I have used or I am in the process of using at least Eur 63,500 of my pension fund to invest into an Approved Minimum Fund (including this application) or to purchase a pension for life, from Irish Life or another provider. I have a guaranteed income for life of at least Eur 12,700 per annum, including State Pension Entitlements I am aged over 75 I have inherited these funds following the death of the original ARF/AMRF No



Information For You:

ARF Minimum Investment Requirement

Where retirement benefits were take before 6th February 2011 at least Eur63,500.00 must have been invested in an Approved Minimum Retirement Fund

Guaranteed Income for life

Where retirement benefits were take before 6th February 2011 a guaranteed income for life of at least Eur12,700.00 per annum

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Personal Details	
Title	Mr
First name	Jack
Surname	Ryan
Date of birth	05/09/1948
Age Next Birthday	67
Gender	Male
Relationship Status	Married
Country of birth	Ireland
Country of nationality	Ireland
PPSN number	1234567T



Information For You:

Country of Nationality

We are obliged to establish Country of Nationality to comply with Anti Money Laundering requirements

Contact Details	
	Jack Ryan
Address line 1	123 Any Street
Address line 2	Any Town
County	Co Dublin
Home phone number	012345678
Mobile phone number	0861122112
Email address	jryan@gmail.com
How would the client like to receive their plan communications from us? (welcome pack, letters and regular statements)	Online@Irishlife.ie
Please confirm date of birth	05/09/1948



Information For You:

Contact Numbers

Note: Your phone number will enable us to seek any additional information we may need, to fastrack any requests for medical evidence and update you by text as we process your application.

Online@Irishlife.ie

If you choose Online@Irishlife.ie your plan communications will be securely stored in your personal online account @Irishlife.ie. You will be notified by text and email when communications are added to your account.

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Premium Details	
Investment amount	€74,299.02
How will this premium be paid?	3rd Party Cheque
'	(Company)

Fund Details	
Please select your single premium funds	
Fund	Percentage
Irish Property Fund (Irish Prop)	28
Protected Consensus Markets Fund	44
Setanta Global Equity Fund	28
Regular withdrawal	Percent Of Fund Income
Regular Withdrawal Details	
Do you want to take a regular cash amount from your investment?	Yes
Regular withdrawal measure	% of fund
Percentage of fund per year	5
How often do you want your regular income to be paid?	Yearly
Date of first income payment	01/12/2015
Where do you want your income to be paid?	Bank Account
Name of account to be credited	GTJ Ryan
Automatic Income Bank Identifier Code	BOFIIE2DXXX
Automatic Income International Bank Account Number	IE51BOFI9011161017567 2



Information For You:

Regular Withdrawal

Any growth on your plan could be less than the regular withdrawal you take, then the value of your plan will fall and could be less than you originally invested

Regular Withdrawal Percentage of Fund

If your withdrawal is a percentage of the value of your plan the income you get can go down as well as up.

Administration Details	
Do you want the original policy schedule to be sent to the Financial Advisor?	No

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Sign Now

Paper compliance

You have stated that you have satisfied the following requirements:

On-Line Application Declaration in the Pensions Booklet signed and dated by the customer.

Source of Investment Cert

Customer Information Notice and Product Booklet given to the customer

Proof Of Income e.g. copy payment advices, letter from administrator, annuity schedule

Confirmation from (or contact details of) the qualifying fund manager or life company where client has met the AMRF requirement

Trustee Declaration completed

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